

Division of Health Licensing

County: Lexington

Facility Type: Adult Day Care

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| HELPING HANDS ADULT DAY CARE INC 2010 STATE ST CAYCE, SC 29033 WRIGHT, BARBARA T PH#: 803-796-5192 Fac. Cont. Email:HELPINGHANDSADCC@SC.RR.COM | ADC-0015 / 09/30/2009 Lexington / Corporation 2010 STATE ST CAYCE, SC 29033 HELPING HANDS ADULT DAY CARE INC | 94 |
| Number of Participants | | 94 |
| HOPE BRIDGE ADULT DAY SERVICES 1111 STATE ST CAYCE, SC 29033 WRIGHT, BARBARA T PH#: 803-796-5192 Fac. Cont. Email:HELPINGHANDSADCC@SC.RR.COM | ADC-0270 / 12/31/2009 Lexington / Corporation 1111 STATE ST CAYCE, SC 29033 HELPING HANDS ADULT DAY CARE INC | 92 |
| Number of Participants | | 92 |
| LEXINGTON DAY HEALTH CENTER 700 KNOX ABBOTT DR WEST COLUMBIA, SC 29169 JONES, TAMMY L PH#: 803-939-8400 Fac. Cont. Email:No Fac Cont. email on record | ADC-0139 / 02/28/2010 Lexington / County FIVE RICHLAND MEDICAL PARK COLUMBIA, SC 29203 PALMETTO HEALTH | 60 |
| Number of Participants | | 60 |
| MORRILL ALTERNATIVE LLC 5060 SUNSET BLVD LEXINGTON, SC 29072 MORRILL, MARY S PH#: 803-957-3116 Fac. Cont. Email:ADMIN@THEMORRILLALTERNATIVE.COM | ADC-0247 / 02/28/2010 Lexington / Ltd. Liability 5060 SUNSET BLVD LEXINGTON, SC 29072 MORRILL ALTERNATIVE LLC | 32 |
| Number of Participants | | 32 |
| SANDY'S ADULT DAY CARE 244 W CHURCH ST BATESBURG, SC 29006 JOHNSON, SANDRA S PH#: 803-317-6500 Fac. Cont. Email:SANDYS244@YAHOO.COM | ADC-0264 / 10/31/2009 Lexington / Ltd. Liability 244 W CHURCH ST BATESBURG, SC 29006 SANDY'S ADULT DAYCARE LLC | 30 |
| Number of Participants | | 30 |
| SC EPISCOPAL HOME AT STILL HOPES ADULT DAY CARE 1 STILL HOPES DR WEST COLUMBIA, SC 29169-7151 LONG, MARY K PH#: 803-796-6490 Fac. Cont. Email:LSEGARS@SCEH.ORG | ADC-0063 / 07/31/2009 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171-2959 SC EPISCOPAL HOME AT STILL HOPES | 12 |
| Number of Participants | | 12 |

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:
Number Licensed Units

Division of Health Licensing

County: Lexington

Facility Type: Ambulatory Surgery

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|-------------------|
| MIDLANDS ENDOSCOPY CENTER LLC 1 WELLNESS BLVD STE 111 IRMO, SC 29063 MINHAS, BALBIR S PH#: 803-749-3770 Fac. Cont. Email: BALBMINH@AOL.COM | ASF-0093 / 02/28/2010 Lexington / Ltd. Liability PO BOX 94 COLUMBIA, SC 29202 MIDLANDS ENDOSCOPY CENTER LLC | 2 |
| Operating Rooms | 0 Procedure Rooms | 0 Endoscopy Rooms |
| 2 | | |
| MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC 104 SALUDA POINT DR STE 200 LEXINGTON, SC 29072 CARDOVANO, JANET PH#: 803-227-8000 Fac. Cont. Email: SEAN.MCNALLY@MOORECLINIC.COM | ASF-0109 / 12/31/2009 Lexington / Ltd. Liability 104 SALUDA POINTE DR STE 200 LEXINGTON, SC 29072 MOORE ORTHOPAEDIC CLINIC OUTPATIENT SURGERY CENTER LLC | 3 |
| Operating Rooms | 2 Procedure Rooms | 1 Endoscopy Rooms |
| | | 0 |
| OUTPATIENT SURGERY CENTER OF LEXINGTON MEDICAL CENTER IN IRMO 7035 ST ANDREWS RD COLUMBIA 29212 SIPE, ROGER L PH#: 803-749-0977 Fac. Cont. Email: MJMURPHY@LEXHEALTH.ORG | ASF-0013 / 11/30/2009 Lexington / County 7035 ST ANDREWS RD COLUMBIA, SC 29212 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC | 4 |
| Operating Rooms | 4 Procedure Rooms | 0 Endoscopy Rooms |
| | | 0 |
| OUTPATIENT SURGERY CENTER OF LEXMEDCTR-LEXINGTON 811 W MAIN ST LEXINGTON, SC 29072 SIPE, ROGER L PH#: 803-358-6100 Fac. Cont. Email: No Fac Cont. email on record | ASF-0057 / 08/31/2009 Lexington / County 811 W MAIN ST LEXINGTON, SC 29072 LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC | 5 |
| Operating Rooms | 4 Procedure Rooms | 0 Endoscopy Rooms |
| | | 1 |
| SOUTH CAROLINA ENDOSCOPY CENTER LLC 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169 ORTH, DOREEN D PH#: 803-796-0642 Fac. Cont. Email: DORTH@SCGASTRO.COM | ASF-0036 / 12/31/2009 Lexington / Ltd. Liability 131 SUMMERPLACE DR WEST COLUMBIA, SC 29169 SOUTH CAROLINA ENDOSCOPY CENTER LLC | 4 |
| Operating Rooms | 0 Procedure Rooms | 0 Endoscopy Rooms |
| | | 4 |
| UROLOGY SURGERY CENTER LLC 139 SUMMERPLACE DR WEST COLUMBIA, SC 29169-3058 WATSON, BARBARA M PH#: 803-796-9968 Fac. Cont. Email: BWATSON@LEXINGTONURO.COM | ASF-0043 / 09/30/2009 Lexington / Ltd. Liability 139 SUMMERPLACE DR WEST COLUMBIA, SC 29169 UROLOGY SURGERY CENTER LLC | 2 |
| Operating Rooms | 2 Procedure Rooms | 0 Endoscopy Rooms |
| | | 0 |

Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed:
Number Licensed Units

County: Lexington

Facility Type: Birthing Center

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee | Licensed Unit |
|---|--|---------------|
| COVENANT BIRTH CENTER LLC 1900 SUNSET BLVD STE A WEST COLUMBIA, SC 29169 BYRD, LISA S PH#: 803-794-5889 Fac. Cont. Email:LISA@COVENANTBIRTHCENTER.COM | BC-0006 / 11/30/2009 Lexington / Ltd. Liability 1900 SUNSET BLVD STE A WEST COLUMBIA, SC 29169 COVENANT BIRTH CENTER LLC | 2 |

Totals For Facility/License Type Birthing Center

| | | | |
|---|---|-----------------------|---|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 2 |
|---|---|-----------------------|---|

Division of Health Licensing

County: Lexington

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| AGAPE ASSISTED LIVING AT LEXINGTON INC | | |
| 5422 AUGUSTA RD | CRC-1478 / 07/31/2009 Lexington / Corporation | 90 |
| LEXINGTON, SC 29072 | 5422 AUGUSTA RD | |
| RUSHTON, KIMBERLY A PH#: | LEXINGTON, SC 29072 | |
| Fac. Cont. Email: No Fac Cont. email on record | AGAPE ASSISTED LIVING OF LEXINGTON INC | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| AGAPE ASSISTED LIVING INC | | |
| 2705 LEAPHART RD | CRC-1067 / 01/31/2010 Lexington / Corporation | 184 |
| WEST COLUMBIA, SC 29169 | 2705 LEAPHART RD | |
| SIPPEL, MARILYN E PH#: 803-939-3000 | WEST COLUMBIA, SC 29169 | |
| Fac. Cont. Email: BISPPPEL@AGAPESENIOR.COM | AGAPE ASSISTED LIVING INC | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| AGAPE AT HARBISON | | |
| 990 COLUMBIA AVE | CRC-1348 / 06/30/2009 Lexington / Corporation | 74 |
| IRMO, SC 29063 | 990 COLUMBIA AVE | |
| SAMOL, APRIL B PH#: 803-749-7889 | IRMO, SC 29063 | |
| Fac. Cont. Email: No Fac Cont. email on record | AGAPE HARBISON INC | |
| Certifications:Alzheimer Care | | |
| BROOK PINE COMMUNITY RESIDENTIAL CARE FACILITY | | |
| 3961 FISH HATCHERY RD | CRC-1302 / 06/30/2009 Lexington / State | 16 |
| GASTON, SC 29053 | 3961 FISH HATCHERY RD | |
| WILLIAMS, MANDY N PH#: 803-955-3821 | GASTON, SC 29053 | |
| Fac. Cont. Email: MNM89@SCDMH.ORG | LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER (LCCMHC) | |
| Certifications:None | | |
| BROOKWOOD COMMUNITY RESIDENCE | | |
| 181 BROOKWOOD DR | CRC-0879 / 09/30/2009 Lexington / Non-Profit Corporation | 8 |
| BATESBURG, SC 29006 | PO BOX 4389 | |
| RUFF JR, MURRY J PH#: 803-532-4440 | WEST COLUMBIA, SC 29171 | |
| Fac. Cont. Email: MGARRISON@BABCOCKCENTER.ORG | BABCOCK CENTER INC | |
| Certifications:None | | |
| GENERATIONS OF BATESBURG INC | | |
| 111 GENERATIONS BLVD | CRC-0647 / 09/30/2009 Lexington / Corporation | 88 |
| BATESBURG, SC 29006 | 111 GENERATIONS BLVD | |
| NIX, HAMMIE R PH#: 803-532-8428 | BATESBURG, SC 29006 | |
| Fac. Cont. Email: No Fac Cont. email on record | GENERATIONS OF BATESBURG INC | |
| Certifications:None | | |

Division of Health Licensing

County: Lexington

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| Generations of Chapin Inc | | |
| 431 E BOUNDARY ST CHAPIN, SC 29036 SLICE, TIMOTHY H PH#: 803-345-1911 Fac. Cont. Email: TIM@GENERATIONSOFCAPIN.COM | CRC-1128 / 10/31/2009 Lexington / Corporation 431 E BOUNDARY ST CHAPIN, SC 29036 GENERATIONS OF CHAPIN INC | 64 |
| Certifications:Alzheimer Care | | |
| J B GUEST HOME | | |
| 7122 EDMOND HWY PELION, SC 29123-0248 HARRISON, ANGELINE J PH#: 803-894-3309 Fac. Cont. Email: ANGELINEHARRISON@YAHOO.COM | CRC-1475 / 04/30/2010 Lexington / Limited Liability Company (multiple member) PO BOX 278 PELION, SC 29123 SCAD CONSULTANTS USA LLC | 60 |
| Certifications:None | | |
| JENNI-LYNN ASSISTED LIVING COMMUNITY | | |
| 915 HOOK AVE WEST COLUMBIA, SC 29169 PUGH, KELLIE G PH#: 803-926-8600 Fac. Cont. Email: KPUGH@JENNILYNNSENIORLIVING.COM | CRC-1248 / 09/30/2009 Lexington / Ltd. Liability 915 HOOK AVE WEST COLUMBIA, SC 29169 JENNI-LYNN ASSISTED LIVING L L C | 63 |
| Certifications:None | | |
| LAUREL CREST | | |
| 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 BRYAN, MARY Y PH#: 803-796-0370 Fac. Cont. Email: M.BRYAN@LAUREL-CREST.COM | CRC-0829 / 09/30/2009 Lexington / Non-Profit Corporation 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169 FPCRC INC | 26 |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| LEXINGTON GARDENS ASSISTED LIVING COMMUNITY | | |
| 190 MCSWAIN DR WEST COLUMBIA, SC 29169 CLEMENT, BARBARA A PH#: 803-741-8279 Fac. Cont. Email: No Fac Cont. email on record | CRC-1386 / 04/30/2010 Lexington / Ltd. Liability 190 MCSWAIN DR WEST COLUMBIA, SC 29169 WEST COLUMBIA SENIOR LIVING LLC | 90 |
| Certifications:None | | |
| LODGE AT ASCENSION | | |
| 7142 WOODROW ST IRMO, SC 29063 OHRIN, NICOLE L PH#: 803-796-9296 Fac. Cont. Email: No Fac Cont. email on record | CRC-1477 / 06/30/2009 Lexington / Corporation 7142 WOODROW ST IRMO, SC 29063 LODGE AT ASCENSION INC | 64 |
| Certifications:None | | |

Division of Health Licensing

County: Lexington

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| MORNINGSIDE OF LEXINGTON | | |
| 218 OLD CHAPIN RD | CRC-1280 / 06/30/2009 | 49 |
| LEXINGTON, SC 29072 | Lexington / Ltd. Liability | |
| ELLROTT, FAYE E PH#: 803-957-3600 | 218 OLD CHAPIN RD | |
| Fac. Cont. Email: DSHEALY@5SQC.COM | LEXINGTON, SC 29072 | |
| | MORNINGSIDE OF LEXINGTON L L C | |
| Certifications:None | | |
| OAKLEAF VILLAGE OF LEXINGTON | | |
| 800 N LAKE DR | CRC-1329 / 10/31/2009 | 100 |
| LEXINGTON, SC 29072 | Lexington / Ltd. Liability | |
| ANDERSON, MELANIE W PH#: 803-808-3477 | 800 N LAKE DR | |
| Fac. Cont. Email: MANDERSON@OAKLAFVILLAGE.COM | LEXINGTON, SC 29072 | |
| | RSC LEXINGTON L L C | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| PELION ELDERCARE | | |
| 850 MAPLE ST | CRC-0631 / 07/31/2009 | 39 |
| PELION, SC 29123-0206 | Lexington / Corporation | |
| BROWN, THOMAS E PH#: 803-894-3646 | PO BOX 206 | |
| Fac. Cont. Email: No Fac Cont. email on record | PELION, SC 29123 | |
| | TOMACO INC | |
| Certifications:Alzheimer Care | | |
| PRESBYTERIAN HOME OF SOUTH CAROLINA-COLUMBIA HOME (CRCF) | | |
| 700 DAVEGA DR | CRC-0387 / 06/30/2009 | 58 |
| LEXINGTON, SC 29073-9698 | Lexington / Non-Profit Corporation | |
| BURTON, EDWARD G PH#: 803-796-8700 | 700 DAVEGA DR | |
| Fac. Cont. Email: EGBURTON@LAURELBAYE.COM | LEXINGTON, SC 29073 | |
| | PRESBYTERIAN HOME OF SOUTH CAROLINA INC | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |
| RAPHA RESIDENTIAL CARE | | |
| 3959 FISH HATCHERY RD | CRC-1283 / 04/30/2010 | 92 |
| GASTON, SC 29053-9038 | Lexington / Limited Liability Limited Partnership | |
| MANSELL, DAVID C PH#: 803-755-6541 | 3959 FISH HATCHERY RD | |
| Fac. Cont. Email: RAPHA@SURFBEST.NET | GASTON, SC 29053 | |
| | MASTERMIND LIMITED PARTNERSHIP L L P | |
| Certifications:None | | |
| SC EPISCOPAL HOME AT STILL HOPES (CRCF) | | |
| 1 STILL HOPES DR | CRC-0144 / 07/31/2009 | 71 |
| WEST COLUMBIA, SC 29171 | Lexington / Corporation | |
| LONG, MARY K PH#: 803-796-6490 | PO BOX 2959 | |
| Fac. Cont. Email: LSEGARS@SCEH.ORG | WEST COLUMBIA, SC 29171-2959 | |
| | SC EPISCOPAL HOME AT STILL HOPES | |
| Certifications:Alzheimer Unit, Alzheimers Care | | |

County: Lexington

Facility Type: Community Residential Care Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| SOUTHERN HERITAGE 1713 CHARLESTON HWY WEST COLUMBIA, SC 29169 DOUGLAS SR, JONATHAN PH#: 803-796-3113 Fac. Cont. Email: No Fac Cont. email on record | CRC-0993 / 03/31/2010 Lexington / Corporation PO BOX 25215 COLUMBIA, SC 29224 QUALITY CARE SERVICES INC | 10 |

Certifications: None

| | | |
|---|---|----|
| STEPHANIE'S RESIDENTIAL CARE FACILITY 4033 DELREE ST, PO BOX 31 WEST COLUMBIA, SC 29170 PEOPLES, TIFFANY R PH#: 803-356-7542 Fac. Cont. Email: No Fac Cont. email on record | CRC-1193 / 04/30/2010 Lexington / Sole Proprietorship 4033 DELREE ST, PO BOX 31 WEST COLUMBIA, SC 29170 YVONNE HARRISON | 12 |
|---|---|----|

Certifications: None

| | | |
|---|--|----|
| TWILITE MANOR ADULT RESIDENTIAL CARE 2306 FOREST RD CAYCE, SC 29033 WEATHERFORD, JENNY G PH#: 803-794-7561 Fac. Cont. Email: No Fac Cont. email on record | CRC-1210 / 05/31/2009 Lexington / Ltd. Liability 2306 FOREST RD CAYCE, SC 29033 DAVLAN L L C | 28 |
|---|--|----|

Certifications: Alzheimer Care

| | | |
|---|--|---|
| YOUNGBLOOD'S ASSISTED LIVING HOME 1500 FORK AVE IRMO, SC 29063 YOUNGBLOOD, ANGELA S PH#: 803-740-4861 Fac. Cont. Email: YOUNGBLOODS@SC.RR.COM | CRC-1433 / 02/28/2010 Lexington / Sole Proprietorship 1500 FORK AVE IRMO, SC 29063 ANGELA S YOUNGBLOOD | 5 |
|---|--|---|

Certifications: Alzheimer Care

Totals For Facility/License Type Community Residential Care Facility

| | | | |
|---|----|-----------------------|-------|
| Number of Activities/Facilities licensed: | 22 | Number Licensed Units | 1,291 |
|---|----|-----------------------|-------|

Division of Health Licensing

County: Lexington

Facility Type: Habilitation R15

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| BATESBURG GROUP HOME 132 DAVID DR BATESBURG, SC 29006 GARRISON, MAUREEN O PH#: 803-532-9838 Fac. Cont. Email: MGARRISON@BABCOCKCENTER.ORG | MR15-0181 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |
| BRUTON SMITH ROAD GROUP HOME 139 BRUTON SMITH RD LEXINGTON, SC 29072 MCMANUS, MARILYN PH#: 803-898-9600 Fac. Cont. Email: No Fac Cont. email on record | MR15-0185 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |
| HENDRIX STREET GROUP HOME 425 HENDRIX ST LEXINGTON, SC 29072 MCMANUS, MARILYN PH#: 803-898-9600 Fac. Cont. Email: No Fac Cont. email on record | MR15-0199 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |
| NAZARETH ROAD COMMUNITY RESIDENCE 1118 NAZARETH RD LEXINGTON, SC 29073 DAWKINS, LORETTA PH#: 803-957-3484 Fac. Cont. Email: No Fac Cont. email on record | MR15-0213 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |
| WIRE ROAD COMMUNITY RESIDENCE I 935-A WIRE RD GILBERT, SC 29054 GAULT, LINDA L PH#: 803-892-2115 Fac. Cont. Email: LGAULT@SCHSP.ORG | MR15-0225 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |
| WIRE ROAD COMMUNITY RESIDENCE II 935-B WIRE RD GILBERT, SC 29054 GAULT, LINDA L PH#: 803-892-2114 Fac. Cont. Email: LGAULT@SCHSP.ORG | MR15-0226 / 06/30/2009 Lexington / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS | 8 |

Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed:

6

Number Licensed Units

48

Division of Health Licensing

County: Lexington

Facility Type: Home Health

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| AMEDISYS HOME HEALTH OF LEXINGTON 714 SOUTHLAKE DR, STE 250 LEXINGTON, SC 29072-3433 YOUNG, STEPHANIE PH#: 843-283-9625 Fac. Cont. Email: No Fac Cont. email on record Counties Served Calhoun, Edgefield, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: | HHA-0190 / 01/31/2010 Lexington / Ltd. Liability 714 SOUTHLAKE DR, STE 250 LEXINGTON, SC 29072-3433 AMEDISYS SC LLC | 8 |
| HOME HEALTH OF SOUTH CAROLINA INC -MIDLANDS 193 MEDICAL CIR WEST COLUMBIA, SC 29169-3655 FUENTES JR, AUGUSTIN PH#: 843-679-7060 Fac. Cont. Email: No Fac Cont. email on record Counties Served Lexington, Richland License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: NUTRITIONAL SERVICES | HHA-0151 / 07/31/2009 Lexington / Corporation PO BOX 5599 FLORENCE, SC 29502-5599 HOME HEALTH OF SOUTH CAROLINA INC | 2 |
| INCARE HOME HEALTH INC PO BOX 2431 LEXINGTON, SC 29071 LIPPERT, ROBERT T PH#: 843-293-4614 Fac. Cont. Email: BLIPPERT@MSA-CORP.COM Counties Served Georgetown, Horry License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: | HHA-0039 / 02/28/2010 Lexington / Corporation 4685 HWY 17 S BYPASS MYRTLE BEACH, SC 29577 INCARE HOME HEALTH INC | 2 |
| STILL HOPES SOLUTIONS FOR LIVING AT HOME ONE STILL HOPES DR WEST COLUMBIA, SC 29169 SMITH, NANCY L PH#: Fac. Cont. Email: No Fac Cont. email on record Counties Served Lexington, Special Note - SERVING CAMPUS RESIDENTS ONLY License Restrictions SERVING CAMPUS RESIDENTS ONLY Physical Therapy N Speech Therapy: N Occupational Therapy N Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: PRIVATE-DUTY WORKERS, COMPANIONS | HHA-0199 / 12/31/2009 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171 SC EPISCOPAL HOME AT STILL HOPES | 1 |

County: Lexington

Facility Type: Home Health

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|---|--|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Addres | |
| Administrator/Phone | Licensee | |
| TRI-COUNTY HOME HEALTH CARE & SERVICES INC | HHA-0026 / 12/31/2009 | 4 |
| 1950 BUSH RIVER RD | Lexington / Corporation | |
| COLUMBIA, SC 29210 | 1950 BUSH RIVER RD | |
| MILLING, JO PH#: 803-561-7680 | COLUMBIA, SC 29210 | |
| Fac. Cont. Email:JMILLING@MSA-CORP.COM | TRI-COUNTY HOME HEALTH CARE & SERVICES INC | |
| Counties Served Lexington, Richland, Saluda, Sumter | | |
| License Restrictions | | |
| Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y | | |
| Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y | | |
| Other: DIETARY | | |

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed: 5 Number Licensed Units 17

County: Lexington

Facility Type: Hospice Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| ASCENSION HOUSE INC 7142 WOODROW ST IRMO, SC 29063 WILLIAMS, ROGER W PH#: 803-796-9296 Fac. Cont. Email:ROGERW@ASCENSIONHOSPICE.COM | HPF-0009 / 06/30/2009 Lexington / Corporation PO BOX 1367 IRMO, SC 29063 ASCENSION HOUSE INC | 14 |

Totals For Facility/License Type Hospice Facility

| | | | |
|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 14 |
|---|---|-----------------------|----|

Division of Health Licensing

County: Lexington

Facility Type: Hospice Program

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| ADVANTAGE HOSPICE-COLUMBIA 3955 SOUTHEASTERN WAY STE 1A WEST COLUMBIA, SC 29169 SANDERS, ANGELA PH#: 864-488-1156 Fac. Cont. Email: No Fac Cont. email on record | HPC-0139 / 04/30/2009 Lexington / Ltd. Liability PO BOX 1828 LUMBERTON, NC 28359 SANTEE HOSPICE LLC | 32 |
| Counties Served Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenwood, Hampton, Horry, Jasper, Kershaw, Lee, Lexington, Marion, McCormick, Newberry, Orangeburg, Richland, Saluda, Sumter, Williamsburg | | |
| ASCENSION HOSPICE 7142 WOODROW ST IRMO, SC 29063 WILLIAMS, ROGER PH#: 803-796-9296 Fac. Cont. Email: ROGERW@ASCENSIONHOSPICE.COM | HPC-0072 / 08/31/2009 Lexington / Corporation PO BOX 1367 IRMO, SC 29063 ASCENSION HOSPICE INC | 46 |
| Counties Served Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York | | |
| CAROLINAS COMMUNITY HOSPICE AGAPE COMMUNITY HOSPICE 1065 CENTER ST WEST COLUMBIA, SC 29169 SLAYTON, KATHERINE W PH#: 803-454-1221 Fac. Cont. Email: KSLAYTON@AGAPESENIOR.COM | HPC-0084 / 11/30/2009 Lexington / Corporation 1065 CENTER ST WEST COLUMBIA, SC 29169 CAROLINAS COMMUNITY HOSPICE INC | 46 |
| Counties Served Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York | | |
| HARMONY CARE HOSPICE INC 100 ASHLAND PARK LN STE K COLUMBIA, SC 29210 BURTON, DANIEL J PH#: 803-772-8505 Fac. Cont. Email: DBURTONHCH@BELLSOUTH.NET | HPC-0098 / 08/31/2009 Lexington / Corporation 100 ASHLAND PARK LN STE K COLUMBIA, SC 29210 HARMONY CARE HOSPICE INC | 29 |
| Counties Served Abbeville, Anderson, Cherokee, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Greenville, Greenwood, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York | | |

County: Lexington

Facility Type: Hospice Program

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| HEARTLAND HOSPICE SERVICES - THE MIDLANDS 3300 SUNSET BLVD STE 102 WEST COLUMBIA, SC 29169-0000 LOMASTRO, BRIAN PH#: 803-939-2788 Fac. Cont. Email: No Fac Cont. email on record | HPC-0140 / 12/31/2009 Lexington / Limited Liability 3300 SUNSET BLVD STE 102 WEST COLUMBIA, SC 29169-0000 IN HOME HEALTH LLC | 13 |
| Counties Served Aiken, Barnwell, Calhoun, Edgefield, Fairfield, Kershaw, Lexington, McCormick, Newberry, Orangeburg, Richland, Saluda, Sumter | | |
| LEGACY HOSPICE 1204 LEXINGTON AVE STE 2A IRMO, SC 29063 MERKEL, JOCELYN N PH#: 803-749-9120 Fac. Cont. Email: JOCIE-NICOLE@YAHOO.COM | HPC-0117 / 02/28/2010 Lexington / Ltd. Liability 1204 LEXINGTON AVE STE 2A IRMO, SC 29063 PALMETTO HOSPICE LLC | 8 |
| Counties Served Aiken, Barnwell, Calhoun, Fairfield, Lexington, Newberry, Richland, Saluda | | |

Totals For Facility/License Type Hospice Program

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 6 | Number Licensed Units | 174 |
|---|---|-----------------------|-----|

Division of Health Licensing

County: Lexington

Facility Type: Hospital or Institutional General Infirmary

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--|---|---------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Address | |
| Administrator/Phone | Licensee | |
| LEXINGTON MEDICAL CENTER | HTL-0500 / 03/31/2009 (Renewal Pending) | 384 |
| 2720 SUNSET BLVD | Lexington / County | |
| WEST COLUMBIA, SC 29169-4810 | 2720 SUNSET BLVD | |
| BIEDIGER, MICHAEL J PH#: 803-791-2000 | WEST COLUMBIA, SC 29169-4810 | |
| Fac. Cont. Email: No Fac Cont. email on record | LEXINGTON COUNTY HEALTH SERVICES DISTRICT INC | |
| Licensed Beds: General: 384 Psychiatric: 0 Rehab: 0 Substance Abuse 0 | | |
| Other Beds NICU: 0 Neonatal Special Care 20 | | |
| Certifications: Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited | | |
| SOUTH CAROLINA VOCATIONAL REHABILITATION EVALUATION CENTER | HTL-0426 / 09/30/2009 | 30 |
| 1400 BOSTON AVE | Lexington / State | |
| WEST COLUMBIA, SC 29170 | 1400 BOSTON AVE | |
| RZEPKOWSKI, DEBRA PH#: 803-896-6500 | WEST COLUMBIA, SC 29170 | |
| Fac. Cont. Email: RZEPKOWSKI@SCVRDSTATESC.US | SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT | |
| Licensed Beds: General: 30 Psychiatric: 0 Rehab: 0 Substance Abuse 0 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |
| Certifications: None | | |
| THREE RIVERS BEHAVIORAL HEALTH LLC | HTL-0808 / 10/31/2009 | 66 |
| 2900 SUNSET BLVD | Lexington / Ltd. Liability | |
| WEST COLUMBIA, SC 29169-3422 | 2900 SUNSET BLVD | |
| BARNETT, JEFF PH#: 803-796-9911 | WEST COLUMBIA, SC 29169 | |
| Fac. Cont. Email: JEFF.BARNETT@PSYSOLUTIONS.COM | THREE RIVERS BEHAVIORAL HEALTH LLC | |
| Licensed Beds: General: 0 Psychiatric: 49 Rehab: 0 Substance Abuse 17 | | |
| Other Beds NICU: 0 Neonatal Special Care 0 | | |
| Certifications: JCAHO Accredited | | |

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: Number Licensed Units

County: Lexington

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| AGAPE NURSING AND REHABILITATION CENTER INC 300 AGAPE DR WEST COLUMBIA, SC 29169 SIPPEL, MARILYN E PH#: 803-939-3000 Fac. Cont. Email: BISPPPEL@AGAPESENIOR.COM | NCF-0837 / 12/31/2009 Lexington / Corporation 300 AGAPE DR WEST COLUMBIA, SC 29169 AGAPE NURSING AND REHABILITATION CENTER INC | 100 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 100 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: Alzheimer Care

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| BRIAN CENTER OF NURSING CARE - ST ANDREWS 3514 SIDNEY RD COLUMBIA, SC 29210 HOLLOMAN, LISA D PH#: 803-798-9715 Fac. Cont. Email: STANDREWS@CHOICE-HEALTH.NET | NCF-0875 / 05/31/2009 Lexington / Ltd. Liability 3514 SIDNEY RD COLUMBIA, SC 29210 BRIAN CENTER/ ST ANDREWS LLC | 120 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 120 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| HEARTLAND OF LEXINGTON REHABILITATION AND NURSING CENTER 2416 SUNSET BLVD WEST COLUMBIA, SC 29169 BROWN, HAZEL D PH#: 803-256-4983 Fac. Cont. Email: 512-ADMIN@HCR-MANORCARE.COM | NCF-0948 / 12/31/2009 Lexington / Ltd. Liability 2416 SUNSET BLVD WEST COLUMBIA, SC 29169 LEXINGTON REHABILITATION AND NURSING CENTER - LEXINGTON SC LLC | 132 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 132 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|---|---------------|
| LAUREL CREST RETIREMENT CENTER 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 BRYAN, MARY Y PH#: 803-796-0370 Fac. Cont. Email: M.BRYAN@LAUREL-CREST.COM | NCF-0647 / 09/30/2009 Lexington / Non-Profit Corporation 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169 FPCRC INC | 12 |

| | | | | |
|---------------|--------------|---|----------------------------|----|
| Licensed Beds | Nursing Home | 0 | Institutional Nursing Home | 12 |
|---------------|--------------|---|----------------------------|----|

Certifications: None

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| LEXINGTON MEDICAL CENTER EXTENDED CARE 815 OLD CHEROKEE RD LEXINGTON, SC 29072 STOWE, RICHARD W PH#: 803-359-5181 Fac. Cont. Email: WSTOWE@LEXHEALTH.ORG | NCF-0730 / 12/31/2009 Lexington / Corporation 815 OLD CHEROKEE RD LEXINGTON, SC 29072 LEXMED INC | 388 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 388 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications: Alzheimer Unit

County: Lexington

Facility Type: Nursing Home

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| NHC HEALTHCARE LEXINGTON 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 MANLEY, MICHAEL W PH#: 803-939-0026 Fac. Cont. Email:NHC@NHCLEXINGTON.COM | NCF-0798 / 06/30/2009 Lexington / Ltd. Liability 2993 SUNSET BLVD WEST COLUMBIA, SC 29169 NHC HEALTHCARE/LEXINGTON L L C | 120 |

| | | | | |
|---------------|--------------|-----|----------------------------|---|
| Licensed Beds | Nursing Home | 120 | Institutional Nursing Home | 0 |
|---------------|--------------|-----|----------------------------|---|

Certifications:None

| | | |
|---|---|----|
| PRESBYTERIAN HOME OF SOUTH CAROLINA-COLUMBIA 700 DAVEGA DR LEXINGTON, SC 29073-9698 BURTON, EDWARD G PH#: 803-796-8700 Fac. Cont. Email:EGBURTON@LAURELBAYE.COM | NCF-0545 / 12/31/2009 Lexington / Non-Profit Corporation 700 DAVEGA DR LEXINGTON, SC 29073-9699 PRESBYTERIAN HOME OF SOUTH CAROLINA INC | 44 |
|---|---|----|

| | | | | |
|---------------|--------------|----|----------------------------|---|
| Licensed Beds | Nursing Home | 44 | Institutional Nursing Home | 0 |
|---------------|--------------|----|----------------------------|---|

Certifications:None

| | | |
|--|--|----|
| SC EPISCOPAL HOME AT STILL HOPES 1 STILL HOPES DR WEST COLUMBIA, SC 29171 LONG, MARY K PH#: 803-796-6490 Fac. Cont. Email:LSEGARS@SCEH.ORG | NCF-0392 / 12/31/2009 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171 SC EPISCOPAL HOME AT STILL HOPES | 62 |
|--|--|----|

| | | | | |
|---------------|--------------|----|----------------------------|----|
| Licensed Beds | Nursing Home | 20 | Institutional Nursing Home | 42 |
|---------------|--------------|----|----------------------------|----|

Certifications:Alzheimer Unit

Totals For Facility/License Type Nursing Home

| | | | |
|---|---|-----------------------|-----|
| Number of Activities/Facilities licensed: | 8 | Number Licensed Units | 978 |
|---|---|-----------------------|-----|

County: Lexington

Facility Type: PSAD Inpatient

| Facility Name | License Nbr/Expiration Date | Licensed Unit |
|--------------------------------|------------------------------------|-----------------------------|
| Location Street | County/Ownership Typ | |
| Location City, State | Mailing/Billing Addres | |
| Administrator/Phone | Licensee | |
| WOMEN'S COMMUNITY RESIDENCE | ITP-0010 / 05/31/2009 | 24 |
| 1435 PLATT SPRINGS RD | Lexington / Non-Profit Corporation | |
| WEST COLUMBIA, SC 29169 | PO BOX 50597 | |
| HIPP, LESLIE PH#: 803-733-1372 | COLUMBIA, SC 29250 | |
| Fac. Cont. Email:LRADAC.ORG | LEXINGTON RICHLAND ADA COUNCIL INC | |
| Licensed Beds Medical Detox | 0 Social Detox: | 0 Res. Trestment Program 24 |

Totals For Facility/License Type PSAD Inpatient

| | | | |
|---|---|-----------------------|----|
| Number of Activities/Facilities licensed: | 1 | Number Licensed Units | 24 |
|---|---|-----------------------|----|

County: Lexington

Facility Type: PSAD Outpatient

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| COLUMBIA METRO TREATMENT CENTER 421 CAPITOL SQUARE WEST COLUMBIA, SC 29169 WILLIAMS MS, THURENESE PH#: 803-791-9422 Fac. Cont. Email: No Fac Cont. email on record | OTPN-0026 / 09/30/2009 Lexington / Limited Liability Limited Partnership 14050 TOWN LOOP BLVD STE 204 ORLANDO, FL 32837-6190 METRO TREATMENT OF SOUTH CAROLINA LP | 1 |

Certifications: Narcotics Treatment Program, Methodone Treatment Program

| | | |
|--|--|---|
| THREE RIVERS BEHAVIORAL HEALTH 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 BARNETT, JEFF PH#: 803-796-9911 Fac. Cont. Email: JEFF.BARNETT@PSYSOLUTIONS.COM | OTP-0037 / 10/31/2009 Lexington / Ltd. Liability 2900 SUNSET BLVD WEST COLUMBIA, SC 29169 THREE RIVERS BEHAVIORAL HEALTH LLC | 1 |
|--|--|---|

Certifications: None

Totals For Facility/License Type PSAD Outpatient

| | | | |
|---|---|-----------------------|---|
| Number of Activities/Facilities licensed: | 2 | Number Licensed Units | 2 |
|---|---|-----------------------|---|

County: Lexington

Facility Type: Renal Dialysis

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|---|--|---------------|
| FRESENIUS MEDICAL CARE LEXINGTON 131 WHISPERING WINDS DR LEXINGTON, SC 29072-3869 THOMAS, JANICE G PH#: 803-358-0145 Fac. Cont. Email: No Fac Cont. email on record | ERD-0107 / 08/31/2009 Lexington / Corporation 131 WHISPERING WINDS DR LEXINGTON, SC 29073 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC | 21 |
| Licensed Stations: Hemodialysis: 21 Peritoneal: 0 | | |
| FRESENIUS MEDICAL CARE OF BATESBURG-LEESVILLE 303 VILLAGE SQUARE DR BATESBURG-LEESVILLE, SC 29070 RADFORD, RICHARD T PH#: 803-604-8002 Fac. Cont. Email: No Fac Cont. email on record | ERD-0161 / 06/30/2009 Lexington / Corporation 303 VILLAGE SQUARE DR BATESBURG-LEESVILLE, SC 29070 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC | 21 |
| Licensed Stations: Hemodialysis: 21 Peritoneal: 0 | | |
| WEST COLUMBIA DIALYSIS CENTER 105 SUM-MOR DR WEST COLUMBIA, SC 29169-4828 THOMPSON, ROBBIE PH#: 803-733-1764 Fac. Cont. Email: No Fac Cont. email on record | ERD-0049 / 09/30/2009 Lexington / Corporation 105 SUM-MOR DR WEST COLUMBIA, SC 29169 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC | 20 |
| Licensed Stations: Hemodialysis: 20 Peritoneal: 0 | | |

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:
Number Licensed Units

County: Lexington

Facility Type: Residential Treatment for Children & Adolescents

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|---|---------------|
| THREE RIVERS BEHAVIORAL HEALTH RESIDENTIAL TREATMENT CENTER 2900 SUNSET BLVD WEST COLUMBIA, SC 29169-3422 BARNETT, JEFF PH#: 803-796-9911 Fac. Cont. Email: JEFF.BARNETT@PSYSOLUTIONS.COM | RTF-0015 / 10/31/2009 Lexington / Ltd. Liability 2900 SUNSET BLVD WEST COLUMBIA, SC 29169 THREE RIVERS BEHAVIORAL HEALTH LLC | 20 |
| THREE RIVERS RESIDENTIAL TREATMENT/ MIDLANDS CAMPUS INC 200 ERMINE RD WEST COLUMBIA, SC 29170 MITCHUM, DARYL G PH#: 803-791-9918 Fac. Cont. Email: DARYL.MITCHUM@PSYSOLUTIONS.COM | RTF-0018 / 01/31/2010 Lexington / Corporation 200 ERMINE RD WEST COLUMBIA, SC 29170 THREE RIVERS RESIDENTIAL TREATMENT/ MIDLANDS CAMPUS INC | 59 |

Totals For Facility/License Type Residential Treatment for Children & Adolescents

Number of Activities/Facilities licensed:
Number Licensed Units

County: Lexington

Facility Type: Tattoo Facility

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee | Licensed Unit |
|--|--|---------------|
| 5 KINGS CUSTOM TATTOO 1602 W MAIN ST LEXINGTON, SC 29072 ELLIS, BRUCE PH#: 803-772-7887 Fac. Cont. Email: LENACRAFT_DA@YAHOO.COM | TF-0041 / 06/30/2009 Lexington / Sole Proprietorship 1602 W MAIN ST LEXINGTON, SC 29072 WILLENA NICOLE HUDGINS | 2 |
| LAST REBEL TATTOO 5514 FAIRVIEW RD BATESBURG, SC 29006 PILOT, LEON E PH#: 803-280-6999 Fac. Cont. Email: No Fac Cont. email on record | TF-0079 / 10/31/2009 Lexington / Sole Proprietorship 5514 FAIRVIEW RD BATESBURG, SC 29006 PILOT, LEON E | 1 |
| MR SHORTY'S TATTOO EMPORIUM 4346 AUGUSTA RD LEXINGTON, SC 29073-9151 MARIKA, LAURNA V PH#: 803-808-5761 Fac. Cont. Email: IMARIKA@SS.RR.COM | TF-0021 / 09/30/2009 Lexington / Ltd. Liability 4346 AUGUSTA RD LEXINGTON, SC 29073-9151 MR SHORTY'S TATTOO EMPORIUM LLC | 4 |
| SUNSET TATTOOS 4835 SUNSET BLVD LEXINGTON, SC 29072 ELLINGTON, WHITNEY J PH#: 803-951-4828 Fac. Cont. Email: ELLINGTON@CONSTANTNOW.COM | TF-0024 / 09/30/2009 Lexington / Sole Proprietorship 4835 SUNSET BLVD LEXINGTON, SC 29072 WHITNEY JAY ELLINGTON | 3 |

Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed: Number Licensed Units

Number of Activities/Facilities licensed in county of Lexington # Lics 76
Number Licensed Units : 3,521

Report Total

Total Number of Activities/Facilities licensed 76 Total Number Licensed Units 3,521